

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>RK</i>	25	09-20-93
FORMALITY REVIEW			9/29/99

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

*same as previous*

Claim	Final	Original	Date
1	✓	✓	9/17/02
2	✓	✓	12/30/02
3	✓	✓	8/11/03
4	✓	✓	2-22-01
5	✓	✓	9/17/02
6	✓	✓	12/30/02
7	✓	✓	5/27/04
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	9/17/02
52	✓	✓	12/30/02
53	✓	✓	5/27/04
54	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	9/17/02
102	✓	✓	12/30/02
103	✓	✓	5/27/04
104	✓	✓	
105	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
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145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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